

South Dakota Mentoring Application Form

South Dakota Department of Human Services,
Division of Rehabilitation Services

Personal Information			
Name:		Middle Name	Maiden Name
Street Address:	City/St/Zip:		
County of Residence:	Email Address:		
Home/ Cell Phone Number:	Work	Number:	
Eligibility			
 Mentoring is provided in order to promote certification and to support advancing of interpreting to the highest level an interpreter can achieve. Applicant must meet the following: Must be a South Dakota Resident. Must be eligible to sit for national certification. Reasonable expectations from applicant requesting mentoring that they will become a certified interpreter. Reasonable expectations that a certified interpreter requesting mentoring will increase their level. If applicant is a student, should be in the second semester of their second year. 			
Do you hold a current certification? Yes No No If yes please specify current certification and expiration:			
Have you ever tested for certification? Yes No No If yes please indicate date and outcome:			
Are you currently attending an IT training program? Yes No If yes please specify:			
If you are attending an IT program from out of State? Yes No If yes what other state do you reside in and what are your plans upon graduation:			
Are you currently employed as an Interpre If yes please specify:			

Candidates who plan to sit for national NIC testing must possess a minimum of a bachelor degree in any field of study recorded in the candidate's RID account BEFORE TESTING. This applies to ALL NIC Interview and Performance Exam candidates, including those who already hold RID certification.		
(OR)		
An approved Educational Equivalency Application recorded in the candidate's RID account BEFORE TESTING. This applies to ALL NIC Interview and Performance Exam candidates, including those who already hold RID certification.		
Please provide information on your education or education plans that will qualify you to test:		
South Dakota grants SD Certification based on National Certification (Please indicate certification you plan to test for)		
I plan to sit for the EIPA – Anticipated testing date:		
I plan to sit for the NIC		
✓ Anticipated NIC written testing date:		
✓ Anticipated NIC performance testing date:		
Please comment on reasons for applying for mentoring? [ie: maintaining skills, enhancing skills, preparing for testing/certification]		
I understand that mentoring services provided by the Department of Human Services are for Interpreters certified through the department who desire to increase their level or for those candidates who desire to become certified through the department. I further understand that I must attend mentoring on a regular basis in order to receive benefits of the program and to enhance my skills. Unreasonable absences or lack of effort may result in cancellation of the program. At the end of my training, I will be re-evaluated by my mentor, to determine if I would be recommended to take the national certification evaluation.		
Candidate		
Signature:Date:		
If you have any questions, please contact Shavna Fibhen at 605-688-4224 or Shavna Fibhen@state.sd.us		

National Certification Testing Requirement

Mentoring Registration – DRS 11/17